

## Louisiana Department of Environmental Quality Emergency and Radiological Services Division P.O. Box 4312

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OFFICE USE ONLY				
License #				
AI#				
Activity #				
Amendment #				

## RADIATION FACILITY NAME OR OWNERSHIP CHANGE FORM

## **Notification of:**

**Ownership Change** 

**Date of Transfer** 

	Name Change ( Compan	y Facility)	Date of Change		
The Addendum to Permit Applications form must be submitted with each name or ownership change.  If there are a large number of changes or if there is any major change in the radiation program, a new complete application for a license or registration may be required.					
CURRENT NAME ON I	LICENSE / REGISTRATION	LICENSE / REC	GISTRATION NUMBER	AI NUMBER	
List all changes in organizations, facilities, equipment or personnel.					
Describe the process by vaname, or some other process.	which the name change occurred. cess?	For example, was	the company sold, reorgani	ized, just changed it's	
☐Y ☐N If the company was sold, will the existing company remain in business?					
$\square Y$ $\square N$ Does the new owner agree to abide by all commitments and representations previously made to the Department by the existing owner?					
Y Does the new owner agree to accept all previous inspection items, ongoing investigations, and any resulting enforcement actions that are pending against the transferee or transferor?					
☐Y ☐N Do the buy	N Do the buyer and seller agree to the transfer?				
Y In Has the Radiation Safety Officer on the license changed because of this action? (if yes, attach documentation)					
NEW OWNER / NEW N	NAME	CONTACT NAME & TITLE			
MAILING ADDRESS N	Jumber & Street	City & Stat	re	Zip Code	
PHONE NUMBER	FAX NUMBER		EMAIL		
PRINTED NAME/TITLI	E - RESPONSIBLE OFFICIAL	SIGNATURE - R	RESPONSIBLE OFFICIAL	DATE	